



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED

CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement Covers From: 7/20/04 to 9/1/04
Mo Day Year Mo Day Year

1. Committee I.D. Number <u>137422</u>	4. Candidate Last Name <u>CERGET</u> First Name <u>STACY</u> M.I. <u>K</u>
2. Committee Name <u>CTE STACY CERGET</u>	4a. Office Sought Including District # or Community Served (If applicable) <u>Shelby Twp Supervisor</u>
	4b. County of Residence <u>Macomb</u>
5. Committee's Mailing Address <u>5551 DOUGLAS CT</u> <u>Shelby Twp, MI 48316</u> Area Code and Phone <u>734/892</u>	6. Treasurer's Name & Residential Address <u>Mary Jo Cerget</u> <u>53580 Sophia</u> <u>Shelby Twp, MI</u> Area Code & Phone <u>586/78-4917</u> <u>48316</u>
7. Treasurer's Business Address Area Code and Phone ()	8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) <u>N/A</u> Area Code and Phone ()

9. TYPE OF STATEMENT 9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> School <input type="checkbox"/> Special <input type="checkbox"/> Caucus Date of Election, Convention or Caucus <u>Aug 3 2004</u> Month Day Year	9c. <input checked="" type="checkbox"/> Annual Statement <u>2004</u> Coverage Year) 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended) 9e. <input type="checkbox"/> Dissolution of Candidate Committee Effective Date of Dissolution Month Day Year By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.
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A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper	<u>Mary Jo Cerget</u>	Signature	<u>[Signature]</u>	Date	<u>9/1/04</u>
	Type or Print Name			Mo Day Year	
Candidate	<u>STACY CERGET</u>	Signature	<u>[Signature]</u>	Date	
	Type or Print Name			Mo Day Year	

Authority granted under P.A. 388 of 1976



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number

137422

2. Committee Name

CTE STACY CERNET

SUMMARY PAGE CANDIDATE COMMITTEE

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	6520.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$	6520.00	(18.) \$ 31970.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	-	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	6520.00	(20.) \$ 31970.00
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$		(21.) \$ 0
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$		(22.) \$ 0
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	8582.84	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$		
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$		
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	8582.84	(23.) \$ 31970.00
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	0	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	0	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	0	(24.) \$ 0
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	0	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	0	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	2062.84	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	6520.00	
	(15.) = \$	8582.84	
15. SUBTOTAL Add lines 13 and 14	(16.) - \$	8582.84	
16. Amount expended during reporting period (Add lines 9 and 11)	(17.) \$	0	
17. ENDING BALANCE (Subtract line 16 from line 15)			



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number

137432

2. Committee Name

CIE STACY PERGET

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.				6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	7/23		
Name: Robert Nildinger					
Address: 5794 Rosebrook DR, Troy MI 48065					
5. If over \$100.00 cumulative, please provide:					
Occupation: Concrete Repair Employer: Self				500	500
Business Address: Same					
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser					
3. Contribution # 2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	7/23		
Name: Bethann Damico					
Address: 3811 Spring Meadow, Rochester MI 48066					
5. If over \$100.00 cumulative, please provide:					
Occupation: Project Mgr Employer: CRS				500	500
Business Address: 14330 Industrial Dr. Shelby					
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser					
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	7/23		
Name: Maria Agosta					
Address: 14986 Meadowfield, Shelby Twp. MI 48315					
5. If over \$100.00 cumulative, please provide:					
Occupation: Office Mgr Employer: CRS				500	500
Business Address: 14330 Industrial Dr Shelby Twp					
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser					
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	7/23		
Name: VITA VITAL					
Address: 56348 Summit Dr, Shelby Twp. MI 48316					
5. If over \$100.00 cumulative, please provide:					
Occupation: Owner Employer: Cement Co.				500	500
Business Address: Same					
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser					
Page Subtotal				2000	
Grand Total of All Schedules 1A (Complete on last page of Schedule)					

Enter this total on
line 3 of Summary
Page.

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

137432

2. Committee Name

CTE STACY CERGET

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.				6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	7/23/04	500	500
Name: <u>Maria Orlando</u> Address: <u>16063 Clinton Ave, Macomb, MI 48042</u> 5. If over \$100.00 cumulative, please provide: <u>C.R.S.</u> Occupation: <u>As. Assistant</u> Employer: <u>14330 Industrial Center</u> Business Address: <u>Shelby Twp. MI 48316</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser					
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	7/23	500	500
Name: <u>Bradley Korte</u> Address: <u>58272 Remington, Macomb, MI 48042</u> 5. If over \$100.00 cumulative, please provide: <u>Payd Mgr.</u> Occupation: <u>Payd Mgr.</u> Employer: <u></u> Business Address: <u></u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser					
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	7/23	500	500
Name: <u>Joseph Caradonna</u> Address: <u>14330 Industrial Center Dr</u> 5. If over \$100.00 cumulative, please provide: <u>Shelby Twp. MI</u> Occupation: <u>Carroll Repair Business Center</u> Employer: <u></u> Business Address: <u></u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser					
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	7/23	500	500
Name: <u>Alfro Caradonna</u> Address: <u>14330 Industrial Center Dr</u> 5. If over \$100.00 cumulative, please provide: <u>Shelby Twp, MI 48315</u> Occupation: <u>Developer</u> Employer: <u>Self</u> Business Address: <u>Same</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser					
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)				2000	

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line 3 of Summary
Page.

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MICHIGAN DEPARTMENT OF STATE
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 137432

2. Committee Name CTE STACY CERGET

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7/23</u> Name: <u>Brad Freestone</u> Address: <u>49047 Driftwood, Shelby Twp., MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Builder</u> Employer <u>White Pine</u> Business Address <u>Same</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	200	200	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7/23</u> Name: <u>Benedict Biondo</u> Address: <u>56679 Edgewood, Shelby Twp., MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Builder</u> Employer <u>Tri-Mount</u> Business Address <u>44444 Mound, St Hts MI</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	500	500	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: _____ Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: _____ Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		700	

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Page.

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MICHIGAN DEPARTMENT OF STATE
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ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

137422

2. Committee Name

CTE STACY CERGET

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.

6. Amount

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution #1 PAC Receipt? ☐ YES

4. Date of Receipt

7/29

Name: Robert Kearis

Address: 14948 STONEY BROOK Shelby Twp

5. If over \$100.00 cumulative, please provide:

Occupation Retired Employer

Business Address

Type of Contribution: ☒ Direct☐ Loan from a person☐ Fund Raiser

\$500

\$500

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt

7/29

Name: James Cerget

Address: 5551 Douglas Ct Shelby Twp MI

5. If over \$100.00 cumulative, please provide:

Occupation Laborer Employer Chrysler

Business Address

Type of Contribution: ☒ Direct☐ Loan from a person☐ Fund Raiser

\$500

\$500

3. Contribution #3 PAC Receipt? ☐ YES

4. Date of Receipt

7/29

Name: Sharon Dolot

Address: Macomb Twp. MI

5. If over \$100.00 cumulative, please provide:

Occupation Retired Employer

Business Address

Type of Contribution: ☐ Direct☐ Loan from a person☐ Fund Raiser

\$500

\$500

3. Contribution #4 PAC Receipt? ☐ YES

4. Date of Receipt

7/29

Name: Stacy Cerget

Address: 5551 Douglas Ct Shelby

5. If over \$100.00 cumulative, please provide:

Occupation P.M. Employer Frank Khan

Business Address

Type of Contribution: ☒ Direct☐ Loan from a person☐ Fund Raiser

\$310

\$310

Page Subtotal
Grand Total of All Schedules 1A
(Complete on last page of Schedule)

\$1810
\$6510

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MICHIGAN DEPARTMENT OF STATE
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**ITEMIZED OTHER RECEIPTS
SCHEDULE 1A-1
CANDIDATE COMMITTEE**

1. Committee I.D. Number

137422

2. Committee Name

CTE STACY CERGET

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name: <u>STACY CERGET</u> Address: <u>5551 Douglas Ct 48316</u> <u>Shelby Twp MI</u> <input type="checkbox"/> Fund Raiser	Date of Receipt <u>7/1</u>	<input checked="" type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	<u>\$10.86</u>
Receipt #2 Name: _____ Address: _____ <input type="checkbox"/> Fund Raiser	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #3 Name: _____ Address: _____ <input type="checkbox"/> Fund Raiser	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #4 Name: _____ Address: _____ <input type="checkbox"/> Fund Raiser	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #5 Name: _____ Address: _____ <input type="checkbox"/> Fund Raiser	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #6 Name: _____ Address: _____ <input type="checkbox"/> Fund Raiser	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	
Receipt #7 Name: _____ Address: _____ <input type="checkbox"/> Fund Raiser	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	
Page Subtotal Grand Total of All Schedules 1A-1 (Complete on last page of Schedule)			<u>10.86</u> <u>10.86</u>

Enter this total on
line 4 of Summary
Page

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number

137722

2. Committee Name

STE STACY PERGET

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>MASS MAILING</u> Address <u>PO BOX 1299</u> <u>ST. HTS, MI 48311</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Mail</u> <u>MA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/22</u>	<u>\$2,829.19</u>
Expenditure #2 Name <u>C+G Newspaper</u> Address <u>13650 11 Mile</u> <u>Warren MI 48089</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>News ADS</u> <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/27</u>	<u>\$2024.00</u>
Expenditure #3 Name <u>Kroger</u> Address <u>41941 Garfield</u> <u>Clinton Twp. MI 48038</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Stamps</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/30</u>	<u>\$74.00</u>
Expenditure #4 Name <u>Kinkos</u> Address <u>4150 Garfield</u> <u>Clinton Twp 48038</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Copies</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/30</u>	<u>\$16.88</u>
Expenditure #5 Name <u>USPS</u> Address <u>Utica, MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Stamps</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/29</u>	<u>\$345.00</u>

Subtotal this page
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

5289.07

Enter this total
on line 8a of
Summary Page

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 137722

2. Committee Name CTE STACY CERGET

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>Dante Bernavegna</u> Address <u>740 Oakleigh St</u> <u>Bloomfield Hills MI 48302</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Over payment</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/29</u>	<u>\$100</u>
Expenditure #2 Name <u>Paula Filav</u> Address <u>5300 24 Mile</u> <u>Shelby Twp, MI 48315</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Over Payment</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/29</u>	<u>\$100</u>
Expenditure #3 Name <u>Eastpointe Printing</u> Address <u>16012 Groesbeck</u> <u>Warren MI 48089</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Brochures</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/29</u>	<u>\$1517.50</u>
Expenditure #4 Name <u>Bank One</u> Address <input type="checkbox"/> Fund Raiser	Purpose: <u>Overdraft Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/30</u>	<u>\$30.00</u>
Expenditure #5 Name <u>Bank One</u> Address <input type="checkbox"/> Fund Raiser	Purpose: <u>Overdraft Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/6</u>	<u>\$30.00</u>

Subtotal this page
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

1777.50

Enter this total
on line 8a of
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MICHIGAN DEPARTMENT OF STATE
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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 137422

2. Committee Name CTE STACY CERGET

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>Costco</u> Address <u>Shelby Twp</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Senior Cookies</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/28</u>	<u>\$32.96</u>
Expenditure #2 Name <u>Miejer</u> Address <u>Nace Rd, Shelby</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Batteries Supplies</u> <u>4 per</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/1</u>	<u>\$26.45</u>
Expenditure #3 Name <u>Hannon Printing</u> Address <input type="checkbox"/> Fund Raiser	Purpose: <u>Literature</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/23</u>	<u>\$1431.00</u>
Expenditure #4 Name <u>Bank One</u> Address <input type="checkbox"/> Fund Raiser	Purpose: <u>O.L. Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/6</u>	<u>\$25.00</u>
Expenditure #5 Name <u>Stacy Cerget</u> Address <u>5551 Douglas Ct</u> <u>Shelby Twp MI</u> <u>48316</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Repayment of loan</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/1</u>	<u>\$10.86</u>

Subtotal this page
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

1546.27
8582.84

Enter this total
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